

AMENDED IN ASSEMBLY MAY 28, 2014
AMENDED IN ASSEMBLY MAY 23, 2014
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CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1592

Introduced by Assembly Member Beth Gaines
(Coauthors: Assembly Members *Bonta, Chávez, Fong, Fox, Garcia,*
and Gonzalez)

February 3, 2014

An act to add Article 1 (commencing with Section 104250) to Chapter 4 of Part 1 of Division 103 of the Health and Safety Code, relating to diabetes.

LEGISLATIVE COUNSEL'S DIGEST

AB 1592, as amended, Beth Gaines. California Diabetes Program.

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, the administration of the California Diabetes Program.

This bill would require the State Department of Public Health to submit a report to the Legislature by December 31, 2015, that is to include, among other things, an assessment of the benefits of implemented programs and activities aimed at preventing and controlling diabetes, and detailed action plans for combating diabetes with a range

of actionable items for consideration by the Legislature that will aid in attaining the goals set forth by the department in the California Wellness Plan for 2014 and the Diabetes Burden Report. The bill would also authorize the department to update the report as necessary and at the department's discretion. The bill would require the department to make the report and any updates available on its Internet Web site. The bill would authorize the department to use statistical data from external sources, and would require the State Department of Health Care Services to provide the department with any relevant statistical data for purposes of creating the report.

The bill would also make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Article 1 (commencing with Section 104250) is added to Chapter 4 of Part 1 of Division 103 of the Health and Safety Code, to read:

Article 1. California Diabetes Program

104250. The Legislature finds and declares all of the following:

(a) It is reported by the California Diabetes Program that one in seven adult Californians has diabetes, and the numbers are rising rapidly. The actual number of those whose lives are affected by diabetes is unknown and stands to be much higher when factoring in the incidence of type 1 diabetes and undiagnosed gestational diabetes.

(b) California has the greatest number of annual new cases of diabetes in the United States.

(c) The incidence of diabetes amongst all Californians has increased 32 percent over the past decade.

(d) Over 11.4 million people in California have prediabetes, a condition that is a precursor to full onset type 2 diabetes. This suggests that the total population of those diagnosed will continue to rise in the absence of interventions.

(e) The prevalence of diagnosed gestational diabetes in California has increased 60 percent in just seven years, from 3.3 percent of hospital deliveries in 1998 to 5.3 percent of hospital

1 deliveries in 2005, with the federal Centers for Disease Control
2 and Prevention stating that the diagnosis rate could run as high as
3 18.3 percent.

4 (f) The fiscal impact to the State of California, including total
5 health care and related costs for the treatment of diabetes, was over
6 \$35.9 billion in 2010.

7 (g) A recent study of a large state with a sizable diabetes
8 population found that the rate of diagnosed diabetes in the state's
9 Medicaid population is nearly double that of its general population.

10 (h) There is no cure for any type of diabetes.

11 (i) Diabetes when left untreated can lead to serious and costly
12 complications and a reduced lifespan.

13 (j) Many of these serious complications can be delayed or
14 avoided with timely diagnosis, effective patient self-care, and
15 improved social awareness.

16 (k) The State Department of Public Health has created the
17 California Wellness Plan for 2014 that provides a set of desired
18 outcomes regarding diabetes in the state.

19 (l) The State Department of Public Health will complete a
20 Diabetes Burden Report by December 31, 2014, and will include
21 in the report, information on the prevalence of diabetes in
22 California compared to the rest of the United States, risk factors
23 for developing diabetes and diabetes complications, and the
24 prevalence of obesity, inactivity, and cardiovascular disease risk
25 factors among individuals with diabetes as compared to individuals
26 without diabetes in California. The report will address the
27 prevalence of prediabetes, complications of diabetes, and diabetes
28 mortality in California as compared to the rest of the United States.
29 The report will also outline the department's programs and
30 activities that address the burden of diabetes in California.

31 (m) It is the intent of the Legislature to require the State
32 Department of Public Health, as part of the California Diabetes
33 Program, to create a diabetes action plan that provides policy
34 guidance to prevent, treat, and increase awareness of diabetes and
35 to aid the state in complying with the goals set forth by the State
36 Department of Public Health in the California Wellness Plan for
37 2014 and the Diabetes Burden Report.

38 104251. (a) The State Department of Public Health, as part of
39 the California Diabetes Program, shall submit a report to the

Legislature by December 31, 2015, that shall include all of the following:

(1) An assessment of the benefits of implemented programs and activities aimed at preventing and controlling diabetes. The assessment shall document both of the following:

(A) The amount and source for any funding directed to the State Department of Public Health and the State Department of Health Care Services from the Legislature for programs and activities aimed at reaching those with diabetes.

(B) The amount and source for any funding directed to the State Department of Public Health and the State Department of Health Care Services that may be used for the purposes of the action plans required pursuant to paragraph (3).

(2) A description of the level of coordination between the State Department of Public Health and the State Department of Health Care Services in preventing, treating, managing, and increasing awareness of all forms of diabetes and its complications within the Medi-Cal population.

(3) Detailed action plans for combating diabetes with a range of actionable items for consideration by the Legislature that will aid in attaining the goals set forth by the State Department of Public Health in the California Wellness Plan for 2014 and the Diabetes Burden Report.

(4) A detailed budget blueprint identifying needs, costs, and resources required to implement the action plans required pursuant to paragraph (3) for consideration by the Legislature. The budget blueprint to the Legislature shall include a cost-benefit analysis to assist in prioritizing plans by level of efficiency.

(b) The State Department of Public Health may, as necessary and at its discretion, issue updates to the report specified in subdivision (a) in future years. The State Department of Public Health shall make the report and any updates issued pursuant to this section available on its Internet Web site. The report and any updates submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

104252. (a) In order to reduce potential costs incurred by the State Department of Public Health in the process of creating the report as required pursuant to Section 104251, the State Department of Public Health may use statistical data from external sources.

1 (b) (1) The State Department of Health Care Services shall
2 provide to the State Department of Public Health any relevant
3 statistical data for the purposes of ~~the creation of~~ *creating* the
4 report.

5 (2) To ensure patient privacy, all data transferred to the State
6 Department of Public Health from the State Department of Health
7 Care Services shall conform to requirements described in the
8 federal Health Insurance Portability and Accountability Act of
9 1996 (Public Law 104-191).

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